

Eastern MRS Meeting Notes
May 22nd, 2008
Bladen Co Ag. Extension

Counties Present: Bladen, Brunswick, Columbus, Cumberland, Pender, Harnett, Hoke, Pender, Robeson, Sampson, Vance.

Introductions

Announcements – Duke Update, Other

Standardized Documentation Tool – overview, questions

Policy Update

Announcements

Duke - Planning to share some of the preliminary results from the MRS data collection at these meetings. Next month may share about focus groups (conducted with Social Workers, Supervisors, and Community Partners).

Results from CFT surveys – survey included at the end of these notes

- Handed out an actual copy of the survey – borrowed from SOC, chose to use it because it might provide some interesting comparisons between MRS and SOC counties in regards to CFTs.
- As part of next years evaluation Duke will be delving deeper into CFT meetings; are they being facilitated, are they adhering to model fidelity? Duke staff will observe some randomly selected CFT meetings. Part of the reason they want to do this is to see how we can improve our CFT meetings, not to “grade” people, but to provide feedback and opportunities for making them even more effective.
- The data here represent 343 meetings from 9 counties – they surveys were administered by county staff so there is some sampling bias, because the county staff may not have administered the survey at some of the more contentious meetings – or people may not stop and fill out a survey after an emotional meeting. Also, larger counties have more surveys and the data is not weighted at this point.
- Keep in mind that these numbers represent responses from everyone at the meeting, not just parents, but community supports, as well as other agency staff, and family supports. In the final analysis Duke will break out responses to see trends in how each type of respondent answered as well as overall responses.
 - Most meetings were held off site, 49% were initial meetings, 40% were follow up meetings (so we are seeing continuous meetings!)
 - 19% of respondents were parents, 13% were informal supports – will break participants down further when they do the final analysis.
 - The majority of respondents agreed or strongly agreed with statements such as “the meeting was fully explained to me”, “I understood my role”, “I felt included”, “I felt comfortable”, “I felt my ideas were listened

- to,” and “I feel the meetings are worthwhile” – so overall speaks to good preparation, planning, and execution of the meeting.
- Somewhat fewer people strongly agreed with the statement “everyone who needed to be at the meeting was present,” but still a majority.
 - Counties were interested in knowing what the differences are between having an in-house facilitator who is on-site, and familiar with DSS versus an outside facilitator who may not be available as quickly and is not as familiar with DSS, but may appear more neutral.
 - Duke can add a checkbox when they do the observation. It was included on the current survey.
 - In September after the Institute Duke would like to provide a mini training to show counties how to administer the tool that they will be using. That way, even if you are not selected as one of the counties where Duke will be observing, you can use this in your own agency to gather knowledge to improve your implementation.

Institute

- August 18-20 – registration materials out in mid-June (hopefully).
- Finalizing workshops – will be 11 at any given time.
- Make sure that there are topics focusing on foster care and adoptions.
- Workshops on taking care of yourself as well.

Standardized Documentation Tool

Patrick presented this tool. It was developed in a Work Group. 18 counties participated in some manner in developing this, so it was not created by someone at the state office without county input. In 2006 a request came from Children’s Services Committee to try to pull together a work group and develop standardized documentation and have been working on this in some way since then. There was good participation by county staff, and the actual presentation of the document to Children’s Services was done by a county person.

- The plan is to pilot this for approximately 6 months and get feedback. If this works well we will start work groups to look at In-home services, foster care, and adoptions. If you are interested in being a part of that, please let Patrick know.
- This should help counties feel like they are addressing everything that is needed on the CFSR. A member of the CFSR team was on the Work Group.
- The document was adapted from a document that Mecklenburg already had. Since they are reviewed by the CFSR team each quarter, they learn from each review and have developed a template that the documentation tool is based on.
- This tool should reduced the length of the CFSR (should go faster because all records in all counties will be the same) as well as help with transfer cases - if you receive the case you can easily see the information relevant to you, and if you are transferring it out, you can be confident that you have provided all

the information the other county needs (reduces tension between transferring counties).

- Also, this includes a lot of information collected up front when family is more open and cooperative. An adoption worker was on the Work Group and mentioned that completing this was great because for those cases go to adoption, it is often harder to get information from the parents about placement resources, medical issues, etc. If this information was already collected in one place during the assessment, it saves a lot of time for the adoptions worker and allows them to have access to information benefiting the child.
- Patrick was open to comments and suggestions from folks, but asked that people understand that the current format is what we will be piloting at this time.
- This document is currently on the website but is not interactive. As of July 1st hopefully it will be interactive, and you will be able to save on it to come back to it at another time (as long as you have the most recent version of Adobe reader).
- The reason it is on the web now even though it is not interactive is to give counties a chance to look at it, update any automated county systems that will use it, and to begin using if they like. Policy team can send it out in Word version to a county if they wish.
- It is not required that counties use this form at the current time, but it will be mandatory after July 1, 2008.
- The forms are 5010, 5010a, and an instruction sheet.

5010 INS (instructions)

- 16 pages of instructions, 7 pages of the instrument itself.
 - Instructions go line-by-line explaining what the item is trying to capture. However these instructions do not replace anything in policy describing how to do a CPS assessment. There is some policy and practice guidance in the instructions, but you cannot just use this and not read policy.
 - SEEMAPS – a pneumatic device that guides what every interaction with the family should be like. Almost every interaction with a family and many with collaterals can be categorized under SEEMAPS.
 - Have broken out SEEMAPS and given exploratory questions that can be used. You do not have to ask each question every time, if you feel like you have already gotten that information, you don't have to ask just so you can say you asked it. But if you don't have this information, it gives ideas how to ask.

5010a

- The 5010a will make the majority of each record – it is designed to be the ongoing narrative piece of the record. It has a blank at the bottom where you can put in the page number so that when you end up with multiple pages you can order them.
 - You will not just have one running narrative for the entire case. You will need to have the box at the top of each contact. If your narrative is

really short, you can copy the box underneath the first narrative on the 8.5x11 piece of paper and put a second narrative on the same piece of paper. In other words, you don't have to use a separate piece of paper for each contact (but you can) but you need to have the box with the checkboxes for each contact because the information included in it is required for each individual contact, not just once for the case.)

- The box will just continue to expand as you type in it. It allows an unlimited number of characters.
- Patrick's suggestions
 - Pilot this paperwork with a couple of seasoned workers. They already know the system.
 - Can also start with new workers who may be less resistant to change, they may adapt better.
 - Determine your 'county culture' to decide who it is best to try this with, but overall, piloting is probably a good idea.
 - Feedback from counties is that this is a step-by-step walk through for what should be included in an assessment.

5010

- You can add stuff to this form if you want, if you want to move stuff, you can, but you should not take any out. While it may not be applicable to every case that you work, just note that it does not apply to the particular case.
- Note: There are many places throughout the form where you may check a box and not put detailed information there, but instead include it in the narrative. This is fine, but use caution when indicating a check box and saying "see narrative" that you actually remember to include it in the narrative. Suggestion was made, and is a good one, to not say "see narrative" but be more specific "see narrative March 3rd". Then the supervisor needs to double check and make sure that that information is included in the appropriate narrative section.
- Page 1 – An overview of what the assessment is about and who is involved. Tried to eliminate as much duplication as possible, but cannot eliminate all of it – can reference the other location if you want.
- This does not replace the CPS intake report even though some of this information is on that report. It establishes when the workers got the case, etc. and provides some accountability for the Supervisors to assign the case in a timely manner. This documentation allows the workers to document when they received the case and the timelines that they adhered to.
- There is no place on there to indicate the time the case was assigned to the worker, but you can add it there near the signature. Although this is not required, Patrick recommended it.
- There is no policy regarding with supervisory signature around switching tracks. There is a place for signature. You have to discuss it, but the supervisor can initial, electronically sign, or wait until the end and sign the hard copy.
- Page 2 – Exactly like the face sheet that most counties use. It captures the demographic information for the persons in the home.

- If you are doing a group home assessment you will have to work with staff to figure out what works best – are you capturing all the children in that cottage, unit, area of the home, etc.
- American Indian heritage is a drop-down box. This was a focus of the last Federal CFSR – NC was told we need to enhance our practice in this area. While ICWA only applies to federally recognized tribes, there are State Statutes that deal with State recognized tribes.
 - Question - how much Indian ancestry “qualifies”? If their great-great aunt was half Cherokee, does that count? Several of the Division attorneys have given trainings on ICWA, and seek clarification from them, but if you take a child with Indian heritage into care, you notify the tribe and they make the determination.
 - Its not about what the social worker thinks, it is about what race/ethnicity the person in question sees themselves as.
- There is no field for SSN – this is deliberate. Back in 2005 the Identify Theft Protection Act dictates that unless there is a compelling reason to have it, SSN should not be on a form produced by the government. Because this form does not open any services or payment the decision was made not to have it on here.
- Page 3 – Broken into 2 parts, the top dealing with civil and criminal records. If you are dealing with any allegation of family or domestic violence this is particularly valuable.
 - Question – Policy says you should do this on all assessments, how do you determine when this needs to be done? On a case-by-case basis. Hesitant to make hard and fast rules in every situation when not completely necessary.
 - Question – Does DSS have the right to run these checks even if the family tells you not to, in both investigative and family assessments? Yes. It is still a valid assessment, no matter if family or investigative. If it is a family assessment, you may want to discuss with the family before you do it.
 - Question – Do you have to do it on every adult person in the household? Manual says ‘should’ – this is different than ‘shall’ – sometimes there are multiple families living in the same home, so you end up running them on all the adults in the other families. It is up to the individual county if you choose to run them on all adults living in the household or not. Also needs to be on a case-by-case basis.
- Bottom section deals with diligent effort. April 2nd, a DCD came out related to diligent efforts – the federal government said that diligent efforts don’t count, NC says that they do, so on a CFSR, you may get a ‘ding’ but won’t get put under program improvement if there are true diligent efforts and they are documented.
- Page 4 – 19 questions, but should be fairly quick to complete. No instructions specific to every item because these instructions are located in the policy manual. Most of these are checkboxes, some of them have room for

comment. Can add a comment here or make a note to see the other tool (for example Safety Assessment).

- Question #16 – Sleeping arrangements – This refers to co-sleeping with infants and there is a link to an article in the documentation. Talk with families about the information that you have and some possible concerns. However, physicians are split on this issue, so we can't say for sure that it is right or wrong. Be sure not to influence this discussion with your personal opinion.
- Note on absent parents (question #18) – This is an area that can be uncomfortable, but the absent parent has rights to their child, and the child has the right to that parent, regardless of the relationship of the two parents. In other words, you actually need to make a true and honest effort to locate the absent parent, don't just assume that they aren't around because the custodial parent says so. Even if the absent parent is not able to have a relationship with the child, they may have relatives who can.
 - In some instances there may be a true safety issue. If this is the case, there should be some outside substantiating documentation – like law enforcement reports from being called out for DV, etc. However, again, be careful with this and make sure its not just mom's word with no supporting evidence – if you can't get something from law enforcement, at least get something from collaterals.
 - Also don't think that just because they are incarcerated you don't need to contact them. You at least need to contact the facility and ask if you can have verbal contact with the prisoner. If not, ask if you can write a letter (there is new policy addressing this.)
 - Finally, there is a liability issue for the agency. If you do not contact this person it can come back and bite you.
- Page 5 – Medical information for all family members. Can put all family information together, but if you don't need to capture that information, in an effort to protect confidentiality, you shouldn't. You can mention in the narrative who you talked to without specifics about what you discussed if it is not relevant to the case. If the medical issues are part of the allegations you would want to include something.
- Page 6 – Initial Family Contact vs. Case Initiation. CAPTA dictates that at your first initial contact (with the person the allegations are made against) you have to discuss the allegations (FSCWS #07-2006 June). So, if you make a phone call to set up visit, and the person you are talking to is the perpetrator, you must disclose the allegations at that time. This is different from the date of case initiation (the day you first have face-to-face contact.) The only reason you do not share this at first contact (i.e. phone call) is if you are not sure who you are talking to. If your initial contact is face to face then the two dates are the same. Use professional judgment – the FSCWS letter references, for example, DV and what you do in that situation. If you can justify what you did based on perceived safety and risk of children and perhaps the non-offending parent then you should be ok. Document!!

- The instructions on this section are very confusing. Need clarification on this before the end of the 6 months!
- It is possible that case initiation could be before initial contact – if Dad is the perpetrator and he is not home when you get there, the visit with the children and mom is case initiation, but initial contact with Dad would go under #7.
 - Question – Concern that safety may be compromised in family assessments because children cannot be interviewed alone. This is not correct. If at any time you have a reasonable feeling or belief that the child should be interviewed alone, you are required to do so, and this does not make it “not” a family assessment. Let the family know that this is your intention, and then do it. Ideal family assessment behaviors at no time should override safety concerns – safety of the child is always the first priority.
 - Question - #6 under Section 7 – is getting to the fact that you discussed the allegations with the family at the initial contact (phone call, etc.). Section 8 gets to what you discussed when you met face to face. If your initial contact was face to face then it is the same.
- Question – if you are doing a courtesy contact for another county would you just do the 5010a? Yes, that would be sufficient.

Policy Updates

A lot of new policy was passed at the last Children’s Services committee and will be coming out shortly in a change notice.

- Many of the changes are to insert System of Care language.
- Some other language was already elsewhere but it was added in other sections where it was also applicable.
- Will not send out hard copies of policy until it is all updated. So when the change notice comes out soon, the changes will be on line, but not immediately sent out in hard copy.

Chapter 5 – Jurisdiction

- County that is conducting the assessment assigns both the track and response time.

Chapter 8

1407 Structured Intake

- Counties shall screen all reports that come in regardless of residency. Previously you may have screened it out and referred it. You will now screen them all. Even if it is from another state.
 - Example of why cross state issues present problems. NC accepts cases based on where the child resides. SC and VA accept them based on where the maltreatment occurred. This may set up a case where no one wants to accept the referral. (Reside in SC, maltreated in NC, each state thinks it is the other’s area.)
- Step-relatives are eligible caretakers. (Boyfriends and girlfriends outside the home are still not.)

- If you have a child found in a county that is not their known residence (flown to Baptist Children's Hospital but live in Cherokee) the county where the report was made will take the report, screen it, and initiate it as an assist, and then the 'home' county will complete the assessment. The only exception to this would be if, when you contact the 'home' county to inform them about the allegations and the assessment they say they will initiate and do not need your assistance.
- Adds language stressing the importance of gathering strengths during intake.
- Adds a step in the intake process that determines which county will complete the assessment.
- Question added to Intake form about Indian heritage as well as maternal and paternal relatives.
- Question added to the substance abuse portion of the form about clandestine Meth labs.
- Change to Moral Turpitude decision tree – so that allowing child to use alcohol and drugs will no longer fit there, will be Improper Care – this is due to legislation.
- Change to the decision tree for Substance Abuse - meth lab has to be taken as investigation – this is not a change, but it is a change to the tree.
- Clarifies that at each intake the reporter should always be asked about DV. Clarifies the definition of DV.
- Expands on questions around children's fear around DV (for themselves and others including pets) and what it means for a child to be present during DV.

1408 - Assessments

- We now have access to VCAP (civil cases) as well as criminal records.
- Adds requirement to ask child during assessment if he is a member of an Indian tribe (this is also on the most current Intake form, so make sure you are using the most recent version of intake).
- Non-custodial parents must be found and interviewed. (If there is a risk of harm specific information must be provided in the documentation to justify this. In most cases there is not a true safety issue.)
 - Noted that there is not a place on the new Structured Documentation for information regarding these parents. Need to add this.
- Language noting that a positive drug screen alone is not an indication of abuse or neglect.
- Clarifies that a copy of the Safety Assessment should be given to parents at the time of completion.
- Clarification of the Family Assessment findings - particularly the difference between Services Recommended and Services Provided - CPS Services no longer needed.
- Clarifies that Services Needed cases that are sent to 215 still must meet the requirement that the child was a legitimate candidate for foster care.
- New language on the instructions for the Strengths and Needs form that it shall also be completed for the non-custodial parent (for 215 and 109).

- Additions to the in-home services agreement – adds questions regarding involvement of the non custodial parent and Indian heritage.

1201 Foster Care and Placement

- Includes SOC and MRS language.
- Discusses how to use CFTS to assist in looking for placements.
- Emphasizes trying to avoid placing children under 12 in group care, particularly when it is because of lack of an available foster parent, rather than some need of the child (i.e. medical or behavioral.)
- Language regarding the family's input regarding services.
- Update to the section about CSFRs
- More in depth information regarding Indian Heritage including 5291 ICWA checklist.
- Discusses medical and educational records going with a child to all placements.

June meetings:

Central: Burlington – Ag Extension -16th

Western: Jackson County - 18th

East: Wilson Co DSS – 17th

July Meetings:

Central: Moore County– 24th

Western: Asheville – Church - July 23rd

Eastern: Johnston County– 30th

Family Centered Meeting Summary Sheet

Case #	Date:	County:
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Start time:	<input type="checkbox"/> Initial meeting	<input type="checkbox"/> On site	<input type="checkbox"/> Moderate risk
End Time:	<input type="checkbox"/> Follow-up meeting	<input type="checkbox"/> Off site	<input type="checkbox"/> High risk

Type of Family Meeting (Check ONE)

<input type="checkbox"/> Child and Family Team (CFT)	<input type="checkbox"/> Team Decision Making (TDM)
<input type="checkbox"/> Permanency Planning and Action Team (PPAT)	<input type="checkbox"/> Shared Parenting
<input type="checkbox"/> Success Meeting	<input type="checkbox"/> Other:

Facilitator

<input type="checkbox"/> I am the SW for this case.
<input type="checkbox"/> I am a neutral facilitator for this case. (Primary job responsibility)
<input type="checkbox"/> I am a supervisor.
<input type="checkbox"/> I am a SW not involved with this case asked to facilitate the meeting for another SW.
<input type="checkbox"/> I am not a DSS employee.

Present

[illegible]

Invited but unable to attend

[illegible]

☐ Family declined to fill out survey.

Family Centered Meeting Survey

Your answers will be used to help us evaluate how we run the meeting and help us organize better meetings in the future for other families. Your answers will only be read by a neutral meeting facilitator and university researchers. Complete the form and return it to the facilitator. Thank you for your assistance.

Date: _____

Your role on the Team: ☐ Mother ☐ Father ☐ Relative _____ ☐ Live-in Partner ☐ Child
☐ Friend ☐ Neighbor ☐ Foster Parent **DSS Staff:** ☐ Child Protection Investigation /Family Assessment
 worker ☐ Family Interventions/In home worker ☐ Intensive Family Preservation Services ☐ Foster Care
 Worker ☐ Work First ☐ Supervisor **Court Staff:** ☐ Attorney ☐ Juvenile Justice Staff ☐ GAL **Mental**
Health Staff: ☐ Therapist ☐ Mental Health Provider **School Staff:** ☐ Regular Teacher ☐ Counselor ☐
 Administrator ☐ Special Education Teacher **Community Member:** ☐ Community Partner
 _____ ☐ Service Provider _____ ☐ Other _____

Fidelity

Participation

Satisfaction

Knowledge

For each question below, circle the number to the right that best fits your response.

QUESTIONS	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The family meeting was fully explained to me before the meeting started.	1	2	3	4
2. I liked the time of the meeting.	1	2	3	4
3. I liked where the meeting was held.	1	2	3	4
4. I understood the purpose of the family meeting.	1	2	3	4
5. I understood my role in the family meeting.	1	2	3	4
6. I felt included in the family meeting.	1	2	3	4
7. I felt that everyone who needed to be at the family meeting was present. Please note any missing members below.	1	2	3	4
8. I felt comfortable sharing my thoughts and concerns in this meeting.	1	2	3	4
9. I felt the group listened when I spoke.	1	2	3	4
10. I felt that my thoughts and concerns were considered before a final decision was reached.	1	2	3	4
11. The ground rules were followed during the family meeting.	1	2	3	4
12. The meeting moved along at a reasonable pace.	1	2	3	4
13. I felt I had a role in developing the plan	1	2	3	4
14. My responsibility to the plan was clearly identified.	1	2	3	4
15. A plan was developed for what to do if a crisis occurs.	1	2	3	4
16. I was given a copy of the plan or was told it would be mailed.	1	2	3	4
17. I believe that family meetings are worthwhile.	1	2	3	4
18. I was satisfied with the way the meeting was run.	1	2	3	4

What could have made the meeting better? _____

Thank you for taking the time to complete this survey!

